

San Diego Physician Strategy Research Project Proposal

I. Research Project Title:

Physician Strategies: Innovations in Healthy Aging and Chronic Care Management through Better Links between Consumers, Community-Based Services, and Primary Care Physicians.

II. Research Project Description

Physician Strategies (PS) is a research and program development effort focused on improving the health and well-being of elderly and disabled persons by expanding the community's ability to promote healthy behaviors and manage chronic conditions. The initiative will help create new relationships in health care where consumers and professionals work better together.

Many primary care practices are seeing increasing caseloads of complex older and disabled patients with too little time and expertise for needed chronic care management. At the same time, the cost and quality consequences of chronic diseases are increasingly recognized by policy makers and payers, as well as researchers and health practitioners, as needing attention both now and in preparation for the future.

Primary care physicians practicing in local communities and recognized as potential “champions” of this type of problem solving effort will be engaged to help identify, implement, and test strategies for improving health promotion, care coordination, and chronic care management. Consumers, caregivers, and other community providers will be engaged through listening sessions and focus groups to compliment similar input from physicians and their key support staff.

The project will identify both low tech and high tech solutions aimed at improving community access to a continuum of health and social services, emphasizing prevention and stabilization at home. The most promising and feasible interventions will be implemented, tested, refined, and retested using continuous quality improvement evaluation techniques. The effort will draw on social marketing research strategies to foster community support for identified improvements and to effect public policy recognition of the need for this work and its accomplishments.

III. Possible Research Question(s)

- What are the characteristics of physicians and their practices that are most conducive to the problem identification and solution recognition as well program implementation and testing envisioned in the PS project?
- Who are the best types of patients, care givers, and community providers to participate with physicians' practices in the PS project?

- What are the array of problems and solutions identified by the key informants to be addressed by PS?
- What are the interventions to be tested under the PS project (e.g., patient education on such things a nutrition and medication adherence; physical activity programs for healthy, pre-frail, and frail older adults; beha vioral change reinforcement strategies; and care coordination assistance) and what is the justification for their selection? Why were other options not chosen for testing?
- What measures should be used to examine evidence-based results of PS (e.g. patient satisfaction, provider/care team satisfaction; patient health status, institutionalization avoidance; transition management)?
- What is the best way to implement the PS to accomplish the proposed continuous quality improvement evaluation strategy?
- What are the key audiences of relevance to the accomplishment of the PS project?
- What is the best way to market the ideas and accomplishments of the PS project to the key audiences identified as important the project's success?

IV. Planned Outcome of the Research

Community listening sessions and focus groups with key constituents (physicians, their patients, care givers, and other community providers) will be used to identify a small subset (3-5) of healthy aging and chronic care management problems and potential solutions to those problems. For example, in response to physician concerns about high maintenance Medicare and Medicaid patients a program might be developed which trains volunteers to assist with care coordination and patient education so that the physician office time for those patients can be reduced. If patient compliance with drug or behavioral change interventions is necessary the solution may be to target a phone call contact program. These PS interventions will serve as models for further development and promulgation through professional conference presentations and published articles documenting the process and outcome evaluation undertaken. We are also interested in documenting the business case for the tested interventions with particular attention to the possibility of influencing Medicare and/or Medicaid policy as it relates to the integration of long-term care services with medical care.

V. Disciplines

This project will draw on a wide variety of disciplines including medical, social, economic, and business administration topics that are commonly found to be part of the literature dealing with gerontology, health services research, and health policy. A key aspect of this effort is to integrated long-term care services with medical services. LTC involves a broad array of supportive medical, personal, and social services needed by people unable to meet basic living needs due to illness or disability. Much of it is provided informally by family and friends. Common sense and good interpersonal skills are likely to be key elements of the skill mix that will make this project successful.

VI. Literature References

Wendy L. Adams, MD, MPH, Helen E. McIlvain, Ph.D., Naomi L. Lacy, Ph.D. Homa Magsi, MD, Benjamin F. Crabtree, Ph.D., Sharon K. Yenny, RNP, MS, and Michael A. Sitorius, MD. **“Primary Care for Elderly People: Why Do Doctors Find It So Hard?”** *The Gerontologist*, Vol. 42 No. 6, 2002, 835-842.

Thomas Bodenheimer, MD, Edward H. Wagner, MD, MPH, and Kevin Grumbach, MD. **“Improving Primary Care for Patients With Chronic Illness,”** *JAMA*, October 9, 2002, Vol. 288, No. 14, 1775-1779.

A recent article in the *Journal of the American Medical Association* (Jan. 7) presents a framework for discussing physicians' public engagement. In ["Physician-CitizensPublic Roles and Professional Obligations,"](#) Russell L. Gruen, a 2002-03 Commonwealth Fund Harkness Fellow in Health Care Policy, together with colleagues Stephen D. Pearson, M.D., and Troyen A. Brennan, M.D., attempts to bridge the gap between the rhetoric of social responsibility and the realities of medical practice. Read a [summary](#) of the article for an overview.

Also see: www.umd.edu/aging then go to the Medicare/Medicaid Integration Program link and see technical assistance paper number 12 dealing with manged fee-for-service.